

87 Nepperhan Ave
Room 212
Yonkers, NY 10701

CITY OF YONKERS
COIN-OPERATED
AMUSEMENT DEVICE
LICENSE APPLICATION

Phone: 914-377-6808
Fax: 914-377-6811
Website:
www.YonkersNY.gov

INSTRUCTIONS FOR USING THIS FORM

Please Note:

If the required supporting documents are not submitted with the application, it will result in the delay and/or denial of the application.

Requirements:

1. Application must be signed by the applicant before a Notary Public.
2. Provide a copy of a valid NYS Driver's License issued by the Motor Vehicle Department. If you do not have a NYS Driver's License, a copy of a Motor Vehicle issued NY State ID Card is required.
3. Owner Consent form must be completed if the applicant is not the owner of the property.
4. The Department of Housing and Buildings must inspect the premises prior to licensing. Please submit a separate payment in the amount of \$25, payable to the Department of Housing and Buildings and submit it with this application.
5. The Department of Housing and Buildings will also make a determination as to the number of amusement devices that will be allowed on the premises, based on applicable zoning law.
6. The license fee is \$100 per device. If you will be applying for more than 20 machines, please contact us for the appropriate fee schedule.
7. Must submit a copy of the location's Certificate of Occupancy.

LICENSING FEES AND EXPIRATION DATE

\$100.00/device License expires March 31st following date of issuance.

NAME OF OWNER/PARTNERS/MEMBERS OF CORPORATION

NAME (if Corporate Officer, please note title)	RESIDENTIAL ADDRESS	PHONE #

Mike Spano, Mayor
Kerry O'Brien Hess, Director

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Video Game

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

THIS PAGE IS TO BE COMPLETED BY OWNER OF DEVICE(S):

PERSONAL INFORMATION:

Name:	Social Security #:			
Home Address:				
City:	State:		Zip:	
Home Phone #:	Cell #:	E-mail:		
Date of Birth:	Sex:	Height:	Hair Color:	Eye Color:
Are you a citizen of the United States?				
If not, please provide a copy of your INS A Card and #				

BUSINESS INFORMATION:

Name of Company:		
DBA/Trade or Display Name (If same name, enter N/A):		
Address:	State:	Zip:
Telephone:	E-mail:	
If incorporated, name of corporation:		
State in which corporation organized:	Date of Corporation:	

License #: _____	Date Issued: _____
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LOCATION INFORMATION:		
Name of business at which devices are to be placed:		
Address:	Yonkers, NY	Zip Code:
Name of Owner:		
Home Address:		
City:	State:	Zip:
Phone Number:	Cell Phone Number:	
Type of Business:		
Is premises owned or leased by applicant?		
Please note, if applicant is not owner of the property, the attached Owner Consent form must be completed.		
Number of devices for which application is made:		
List below the name(s) and serial number(s) of devices:		

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I, _____, being duly sworn, deposes and says that all of the answers in the foregoing application are true. I am the owner/lessee of the business where the devices will be placed.

Signature/Date: _____ Print name: _____

Notary Public

Hold Harmless Clause

This "Hold Harmless Clause" must be signed by an officer of your organization, dated and witnessed.

The Vendor agrees to protect, defend, indemnify and hold the City of Yonkers, et al and its employees free and harmless from and against any and all losses, claims, liens, demands, and causes of action of every kind and character including, but not limited to the amount of judgments, penalties, interest, court cost, legal fees incurred by the City of Yonkers, et al arising in favor of any party, included in claims, liens, debts, personal injuries, including employees, of the City of Yonkers, et al, death or damages to property (including property of the City of Yonkers, et al) and without limitations by enumeration, all other claims or demands of every character occurring or in anyway incident to, in connection with or arising directly or indirectly out of the said agreement.

Signature

Witness

Dated

Dated

Mike Spano, Mayor
Kerry O'Brien Hess, Director

Owner's Affidavit of Consent to Operate a Coin Operated Amusement Device(s)

IN THE MATTER OF: _____,
(Name of Applicant)

APPLICANT FOR A LICENSE TO OPERATE A Coin Operated Amusement Device
AT:

STATE OF NEW YORK)
COUNTY OF _____) :SS

I, _____, being duly sworn depose
and say that:

_____ is the owner/lessee of the
land and improvement located at the address named above where the coin operated
music device is to be operated. The deponent individually, as such owner, or on be-
half of said corporation as its duly authorized officer and managing agent, hereby con-
sents that the applicant named above may maintain a coin operated amusement de-
vice, until said consent is terminated in writing and a copy of such termination is trans-
mitted by certified mail, return receipt requested, to the Consumer Protection Bureau.

Deponent warrants that he or she is authorized to make this affidavit and the state-
ments and representations contained herein.

(Signature)

SWORN TO BEFORE ME THIS

_____ DAY OF _____, 20____

NOTARY